

City of Riverside
Park and Recreation Department



RIV.Dat Form
Resident Information Verification Data

By completing this form you will be allowed ongoing registration/facility reservation without having to show proof of residency, which would otherwise be required at each instance of registration or facility reservation. **ALL INFORMATION WILL BE CONFIDENTIAL**

HEAD OF HOUSEHOLD INFORMATION		
✧Last Name✧	✧First Name✧	✧Gender✧ M F
✧Address✧	✧Nearest Cross streets✧	
✧City✧	✧Zip Code✧	✧Birthdate✧
✧Day Phone✧ ()	✧Evening Phone✧ ()	
✧Spouse Last Name✧	✧First Name✧	
✧E-Mail Address✧		

Please list each household member who may participate in one of our classes/programs separately, even if at this time, they don't intend to register for a Park and Recreation Program/Class or Facility rental. **Birth Verification must be shown at the time this form is received. Even if at this time, they don't intend to register for a Park and Recreation Program/Class.**

✧Last Name✧	✧First Name✧	✧Birthdate✧	✧M/F✧	✧Birth Verification✧
(Sample line) Smith	Joe	01/2/88	M	✓
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>

STAFF USE ONLY	
<u>Residency Verification Information</u>	<u>Staff Information</u>
Type of Photo I.D.: _____ (Must have two forms of proof of residency)	Date: _____
Second form of residency: _____	Staff Name: _____
<input type="checkbox"/> Facility Rental <input type="checkbox"/> Contract Class or Program	Facility where taken: _____
Receipt # _____	(Downtown Use Only) Date Entered into database: _____ Staff initials: _____

Complete and drop off or mail to:
Riverside Park & Recreation Department
3936 Chestnut Street
Riverside, CA 92501

Please call the Park and Recreation Department at 826-2000, if you have any questions.